



The Dog Cabin,
150 Berlin Street,
Middletown,
CT 06457

(860) 704-8080
<http://www.dogcabinct.com>

Camper Information

Dogs

(Please fill out one form for each camper)

Dog's Name: _____

Breed: _____ Sex _____ Is he/she spayed/neutered? Yes ___ No ___

Age: _____ Birth Date: _____ Did you purchase or adopt your dog? _____

Has your dog ever attended doggy day care? Yes ___ No ___ Where? _____

Has your dog ever been boarded? Yes ___ No ___ Where? _____

Is your dog friendly to other dogs? Yes ___ No ___ Friendly to people? Yes ___ No ___

List your dog's fears such as thunder, noise, etc. _____

Has your dog ever been through obedience training? Yes ___ No ___

Is your dog housebroken? Yes ___ No ___ Does your dog like children? Yes ___ No ___

Is your dog crate trained? Yes ___ No ___ Is your dog destructive? Yes ___ No ___

Temperament:

Does your dog **(S)** Snap, **(G)** Growl, **(B)** Bite, **(H)** Hide, **(NR)** No Reaction, **(NT)** Never Tried, when any of the following happens?

Toys are taken away____Food is taken away____Brushed____Nails are clipped____

Approached while eating____Touched while eating____Touched while sleeping____

Touched by collar/neck____Sleeping area is approached____Approached by new

People____Approached by other dogs____

Diet Requirements:

Brand of Food:_____

Times:_____Quantity:_____

Does your dog have a tendency to vomit? Yes____No____

Medications:

<u>Name</u>	<u>Dose</u>	<u>Schedule</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Conditions:

Please describe any physical problems that your dog has such as deafness, blindness, epilepsy, arthritis, hip or other joint problems, allergies, skin problems:

Additional Comments: